

REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number Q88299
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ Signature _____ Typed or printed name _____	In re Application of Daisuke OGURA	
	Application Number 10/537,699	Filed June 6, 2005
	For RADIO ACCESS NETWORK CONTROL METHOD AND RADIO ACCESS NETWORK	
	Art Unit 2618	Examiner Philip SOBUTKA
Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.		
The fee for this Request for Oral Hearing is (37 C.F.R. § 41.20(b)(3)) \$1080.00		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: _____		
<input checked="" type="checkbox"/> Payment by credit card.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.		
<input type="checkbox"/> A petition for an extension of time under 37 C.F.R. § 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.		
CORRESPONDENCE ADDRESS <i>Direct all correspondence to the address for SUGHRUE MION, PLLC filed under the Customer Number listed below:</i> <small>WASHINGTON OFFICE</small> <div style="font-size: 1.5em; font-weight: bold;">23373</div> <small>CUSTOMER NUMBER</small>		
I am the		
<input type="checkbox"/> applicant/inventor.	_____/ Laura Moskowitz/_____ Signature	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	_____ Laura Moskowitz Typed or printed name	
<input checked="" type="checkbox"/> attorney or agent of record. Registration number 55,470	_____ (202) 293-7060 Telephone number	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____	_____ June 1, 2011 Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		

☒ *Total of 1 form is submitted.